FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000094183 (5)

SOUTH BEACH TRADERS, INC.

FILED May 28 1998 8:00am Secretary of State



Principal Place	o of Rusiness	Mailing Address			
Principal Place of Business				_	
BOT BRICKELL MIAMI FL 3313	KEY DRIVE SUITE 705	601 BRICKELL KEY DRI MIAMI FL 33131	VE SUITE 70	15	
MINMI FE 33131		mi//mi 2 00101			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					11/03/1997
2. Principal Pl	ace of Business	2a. Mailing Address	<u> </u>		4. FEL Number Applied For
21		26			Abolied for Not Applicable
Suite, Apt i	r, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	·· T		Trust Fund Contribution Added to Fees
Zip	Country	Ζφ	Coun	try	8. This corporation owes or has paid the current year Intangible
24	25	[29]	30		Personal Property Tax due June 30. L Yes No
	9. Name and Address of Curr	···	·	M N	10. Name and Address of New Registered Agent
	/ of fice of de la Pena, v		1'	31 Nam	e
601 BRICKELL KEY DRIVE SUITE 705			ļī	82 Street Address (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33131				
			1	33	
			ļ.	34 City	85 Zip Code
•					FL 60 240 Cook
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered apent. Lam familiar with, and accept the obligations of Section 607,0506, Florida Statules.					
SIGNATURE					
	Signature Typed or perried name of regetor d	agent and title if applicable (NC NDD DIRECTORS		Agent signat	ure required when reinstating) DATE ADDITIONO (CLAMOTO TO OFFICE SO AND DIDITIONS IN 12)
12.	OFFICERS)	VALUE DI DELETE	13. 1.1 Titl		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME			1		The costium - The
1			1.2 NAM		The state of the s
STREET ADDRESS				EET ADDRES	MIANI, EL 37/31
CITY-ST-ZIP TITLE		DELI TE	2.1 1/11	-ST-ZIP	AS Change Addition
NAME			2.2 NAN		RICARDO BATANOAT
STREET ADORESS				". Eet addres	
				r - S1 - ZIP	MIAMI FL 33131
CITY+ST-ZIP TITLE		DELFTE	3.1 Till		☐ Change ☐ Addition
NAME			3.2 NAN		_ s.ango _ sandon
STREET ADDRESS			1	". Eet adores:	
CITY-ST-ZIP				re i adunca Y-S1-ZIP	
TITLE		DELETE	4.1 TiTL		Change Addition
NAME		parent or separate	4. 2 NA		
STREET ADDRESS				et addres:	
CHY-ST-ZIP				- \$1 · ZIP	
TITLE		DELFTE	5.1 TITL		Change Addition
NAME			5.2 NAM		The
STREET ADDRESS				FT ADDRES:	. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CITY-ST-ZIP				- ST - ZIP	10708
TITLE		DELETE	6.1 TITE		☐ Change ☐ Addition
NAME		to the second se	6.2 NAM		600002539656
STREET ADDRESS				ET ADDRES:	-
i i				-ST-ZIP	***150.00
CITY+ST-ZIP			■ 64 UHY	· 51 - ZIP	The remark when

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

ALCORDO A DI DUDAS

4/20/04

(305) 377-000

CRZE034 (10/97)